The Changing Landscape of Health Information Exchange: State and Community-based Activity

MD EHR Taskforce
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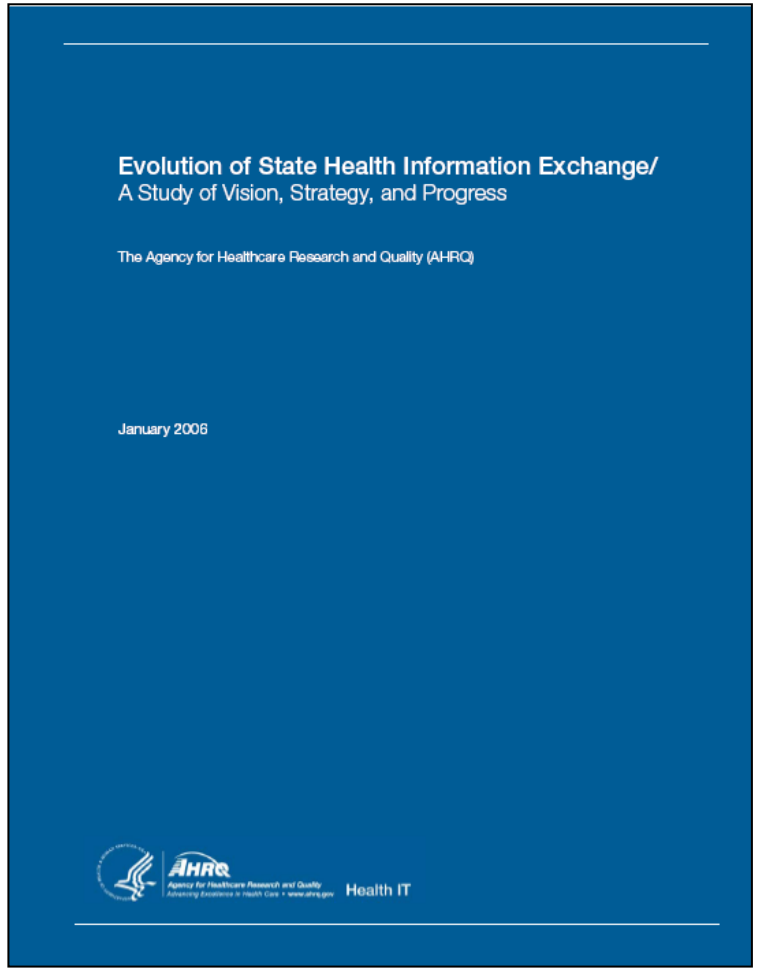
Shannah Koss
Sheera Rosenfeld

Evolution of State Health Information Exchange

- Improvements in access to more timely and accurate health information will benefit many stakeholders and improve healthcare quality and reduce spending
- Numerous initiatives to speed the exchange of automated clinical, financial, and administrative healthcare data are underway at the federal, state, and local levels
- State-based initiatives have not received the same attention as federally- and industry-sponsored HIE activities, yet state involvement is growing
- Avalere prepared a report for AHRQ that characterized the landscape of state HIE activities with an emphasis on identifying trends and best practices

A Study of Vision, Strategy, and Progress

- Environmental scan canvassed wide array of public information on state-based HIE activity
  - » 101 projects in 35 states
- Cross-section of state initiatives interviewed and featured in 8 case studies
  - » Range of selection criteria: Progressive, innovative, replicable, geographically diverse, unique target population
  - » AZ, FL, HI, NY, NC, RI, TN, and UT
- Additional focus on:
  - » Success and sustainability
  - » Federal activity and context for state HIE
  - » Implications



Report available at http://www.avalerehealth.net/wm/show.php?c=1&id=714

Key Report Findings

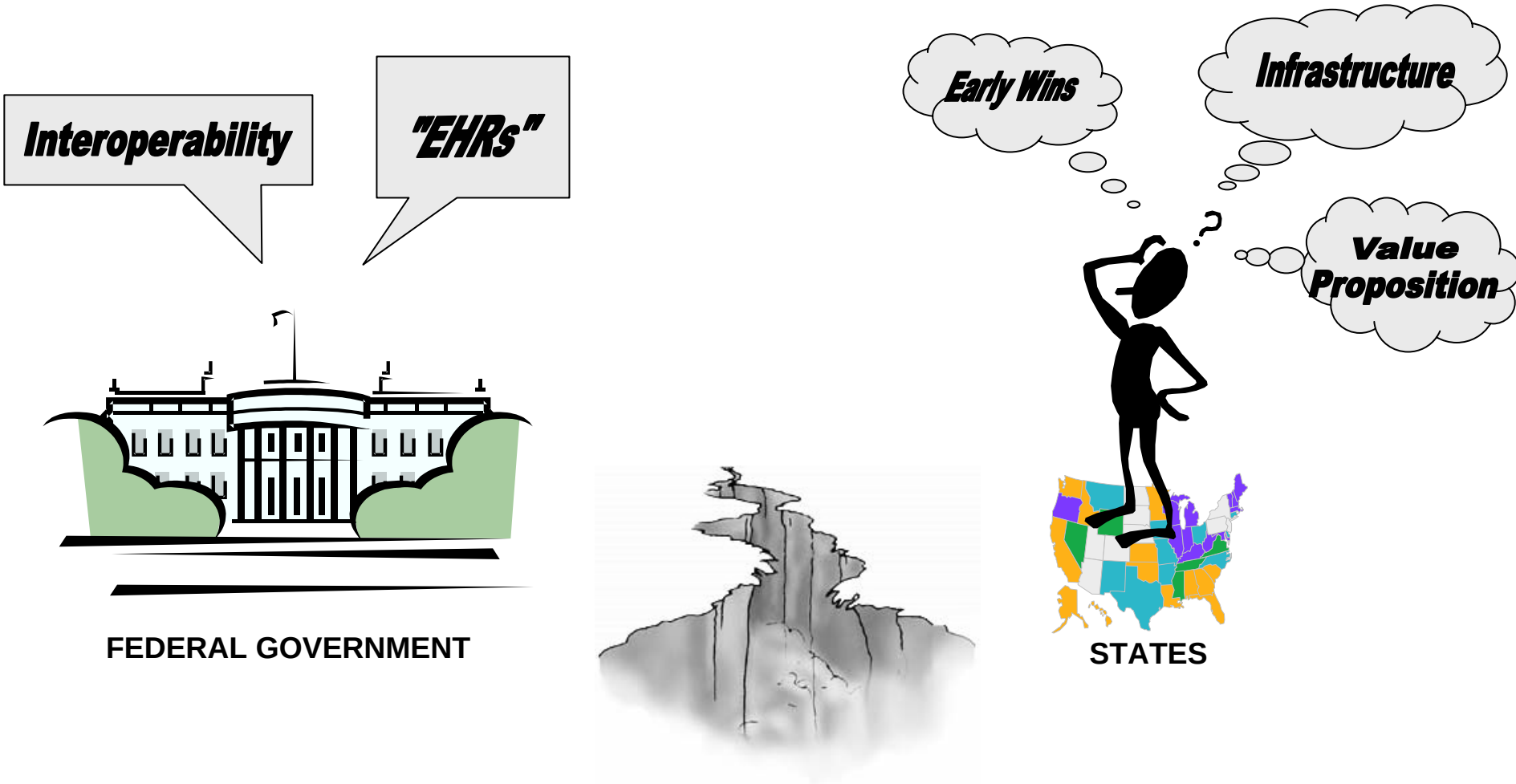
- No two projects are alike
- Initiatives in nascent, formative stage of growth and development
- States play significant role as catalyst/convener
- Advancing HIE is a clear Federal priority but local implementation likely to be challenging
- Broad stakeholder involvement is early priority for many projects
- Stakeholder representation is varied yet often extensive
- Consumer involvement is mixed
- Expressed need for clear value proposition with early wins
- Tension exists between HIE promotion and quality measurement
- Sustainability is the long-term but elusive goal

Many New, Varied HIE Initiatives are Emerging Across the Country

- Rapid growth
  - » Community, regional HIEs, and RHIOs rapidly emerging; many states have multiple projects
  - » RHIOs emerging almost as quickly as individual HIE projects; many states have multiple RHIOs
- Broad diversity
  - » Most initiatives share similar long-term vision/goals*
  - » Project and implementation details vary
- Mixed development
  - » Many in nascent growth stages of planning or early implementation only exchanging narrow sets of data at present
- Limited funding

* To improve patient safety and quality, reduce costs, and create greater efficiencies by fostering statewide electronic exchange of healthcare information across multiple localities and amongst many stakeholders

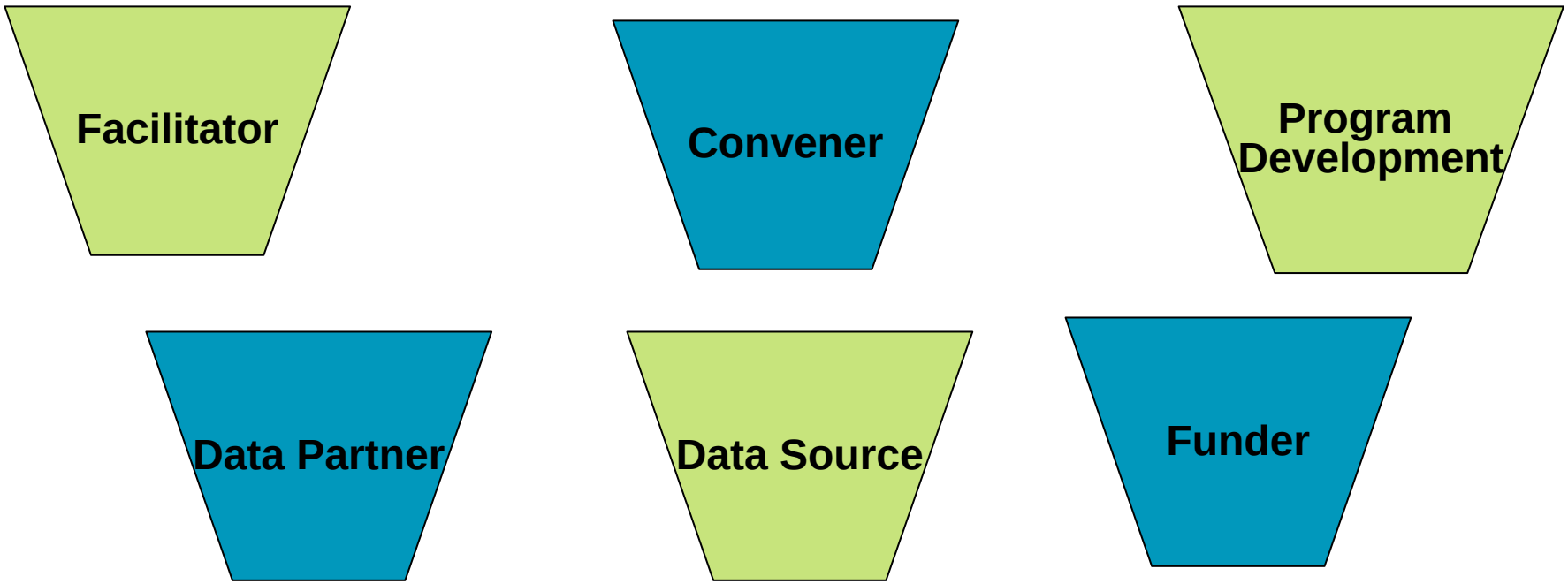
Potential Disconnect Between Federal Priority for Expedited HIE and Realities of Local Implementation



Broad Stakeholder Involvement and Clear Value Propositions with Early Wins Are Priorities

- Initiatives seek manageable projects with tangible benefits viewed as “early wins”
- Project goals driven by core stakeholders and needs of the local community
- Initiatives want involvement and collaboration from a cross-section of healthcare stakeholders – physicians and employers are viewed as valued participants
- Identifying the “value proposition” for all involved stakeholders is viewed as essential for successful implementation
- Most projects still striving and, in some cases, struggling to identify the value proposition for their multiple stakeholders

Many Roles for States and Medicaid to Play in Local HIE



Where are opportunities for States to offer leadership:
DOH, Governor's office, Legislature, Medicaid, other state agencies…..

RHIO: Regional Health Information Organization

Case Study Examples

Case Study Highlights: Diverse Strategies and Approaches

Hawaii

Quality Health Alliance: Rolling out HIT in several phases across islands– EHR to PHR

Selling de-identified clinical information for research purposes—intended to be HIE revenue generator

Employers heavily engaged with unique insurance mandate in state

Rhode Island

HIE Initiative: Building off experience with SureScripts state-wide rollout, working toward interoperable HIE infrastructure

Initial focus on lab data and medication history HIE

Heavy state involvement and support—DOH is AHRQ grantee

North Carolina

NCHICA HQI initial focus: Medication management

Phase I approach: eRx and medication lists at point of care integrated with automated refill, formulary and benefits information

Large emphasis on physician involvement; large employer commitment

New York

Telemedicine Demonstration: Testing array of HIT to support remote monitoring/DM for home care patients– LTC emphasis

Large state/legislature funding

Will also assess whether Medicaid can/should ultimately reimburse for services

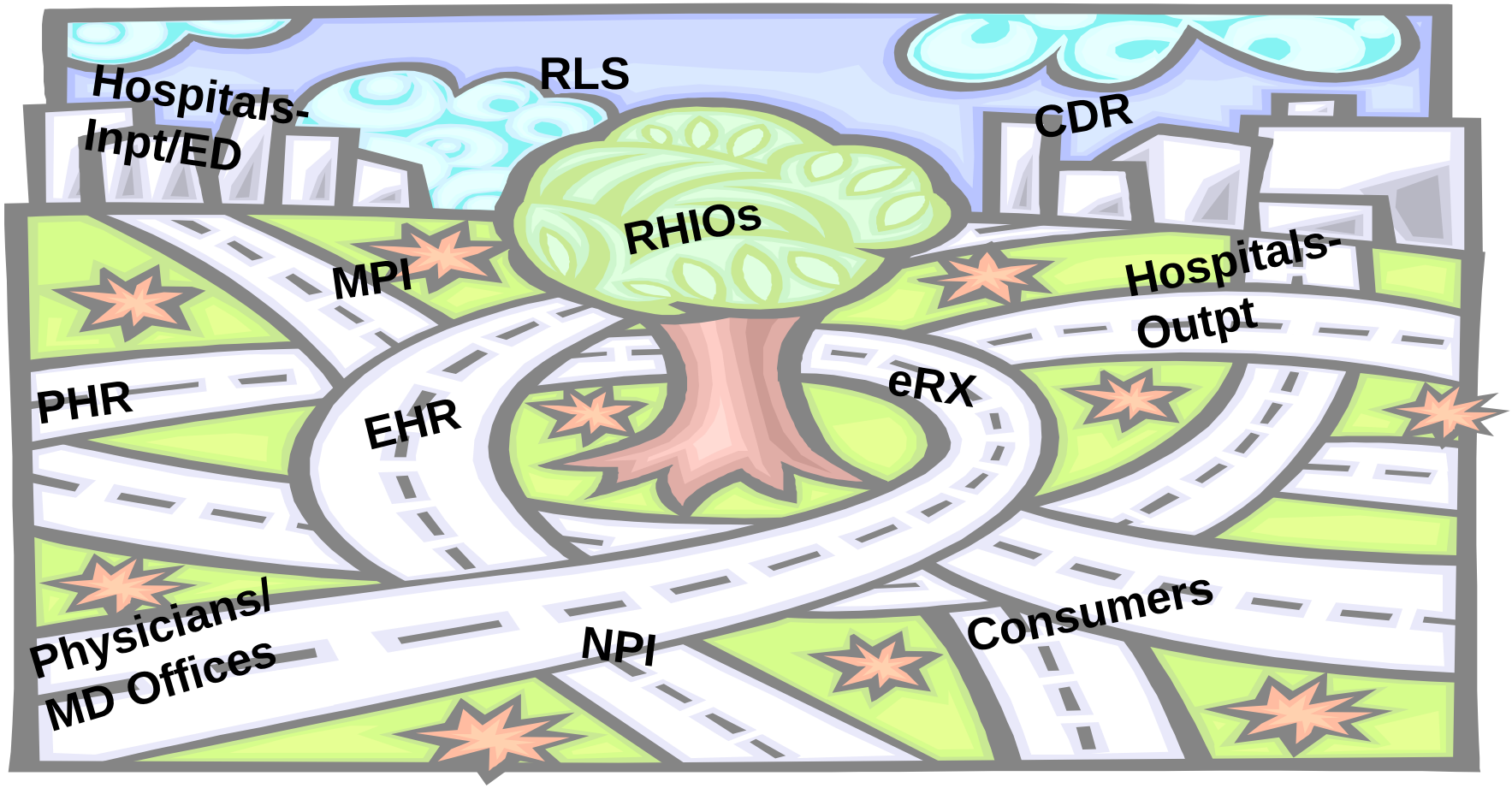
Tennessee

MidSouth eHealth Initiative: Exchanging data across initial set of hospital EDs

Strong Governor and state leadership and support

Use of existing IT infrastructure through academic medical center

HIE Initiatives Using a Variety of Technology and Infrastructure to Link Care Settings



MPI: master patient index
RLS: record locator service
RHIO: regional health information organization
EHR: electronic health record
eRX: electronic prescribing

EHRs are a Major Component in Many HIE Initiatives

- 52 of the 101 HIE projects scanned identified EHRs—although in reality, only “planned” in most initiatives
- Florida Health Information Network
  - » EHRs (and funding) are part of connected RHIOs
- Hawaii Quality Healthcare Alliance
  - » EHRs are one of many HIT components (e.g., CDR, Patient portal, eRx) to support the HIE—currently still in planning phase
- New York Telemedicine Demonstration Project
  - » EHRs are one of several technologies being tested to promote improved quality of care through better access to care, more effective information exchange, enhanced collaboration and communication
- NCHICA Healthcare Quality Initiative
  - » EHRs will be included as part of Phase III focusing on promoting physician adoption (currently on Phase 1, Phase II is lab and radiology reporting)
- Rhode Island HIE Initiative:
  - » Ultimately HIE system will interface with EHRs—initially selected *single* EHR vendor

Conclusions

- HIE is rapidly advancing and growing from the top-down and bottom-up
- States looking to HIT as tools to improve quality and manage costs
- EHR is prominent technology being considered in projects nationwide
- Many roles States can play to support planning/implementation of HIE initiatives--Medicaid involved but in a limited way
- Focus on HIE and RHIO implementation will continue—many initiatives in any given State
- Early involvement provides opportunities: influence data points, quality goals and priorities
- Continued dialogue, shared learning on challenges, roles, and opportunities will be critical to evolving state leadership

Abundant Implications and Opportunities for Taskforce

- Given Maryland's activity, many ways to help drive project direction and development
  - » Stakeholder convener
  - » Develop business case
  - » Source for funding
  - » Collaborate with other HIE's and learn from their experience and best practices
  - » Foster and support the shared infrastructure – MPI, RLS, privacy and security agreements
  - » Pros and cons of targeting narrower HIE, e.g. lab values or medication history for emergency departments versus an EHR

Appendix

Leading Tactical Technology Trends: EHRs

Electronic Health Records (EHRs)

Rationale:

Quality,
Access, & Cost

- New/more information at point of care
- Reduction in redundant/inappropriate care
- Better coordination of care/ disease management
- Opportunities for research

Lead Proponents:

Benefits Accrue to Multiple Stakeholders

- Plans
- Patients / Consumers
- Hospitals
- Government

Timeline:

Increased Industry
& Government Attention

- Jan-2004 Executive Order calls for widespread adoption of EHRs within 10 years
- Aug-2005 CMS rolls out beta test of VA's VISTA EHR for use in physician office-- nominal cost for technology
- May – 2006 CCHIT Ambulatory EHR certification phase 1
- CMS/OIG Exceptions due out late 2006

Evolution of State Health Information Exchange

An AHRQ Report Prepared by Avalere Health

HIE Project	Year Project Initiated	Initial Target Population	Funding Secured	Initial Roll-Out	Unique Program and State Features
Arizona HCCC System HIE	2005	AZ Medicaid patients receiving care under Behavioral Health System	$50,000 - State, Medicaid	Anticipated July, 2006	Medicaid-driven; internally funded; emphasis on mental health; web-based interface; heavy managed care penetration in AZ
Florida Health Information Network	2005	Patients statewide	$1.5 million - State	Pilot programs anticipated 2006	State agency-led; strong Governor support; seasonal residents ("snowbirds"); local and national focus; central-server connecting multiple RHIOs
Hawaii Quality Healthcare Alliance HIE Network	2004	Patients statewide	$500,000 - Federal $80,000 - Members	Maui in 2006, neighboring islands in 2007 and beyond	Physician and business leader involvement; discounted single vendor solution; focus on consumer and prevention; large rural population; health insurance mandate in HI
New York Telemedicine Demonstration	2005	Home care and LTC patients	$7 million - State	Two 3-year HIT contracts began January 2006	LTC focus; emphasis on Medicaid reimbursement; testing array of HIT; NY allocated $1B to promote health care system improvements including HIT
North Carolina Healthcare Quality Initiative	2003	Patients statewide	$1.5 million - Federal	Phase 1 medication component expected 2006	Long standing credibility among stakeholders; ONC contract awardee for NHIN Prototype; Establishment of Consumer Council; eRx
Rhode Island HIE Initiative	2004	Patients statewide	$5 million - Federal $296,000 - Foundations $50,000 - Stakeholders	Lab and medication data exchange expected late 2006/early 2007	Heavy state role--DOH is AHRQ grantee; broad RI stakeholder involvement; single EHR vendor; consumer outreach through advisory committee
Tennessee MidSouth eHealth Alliance: The Memphis Initiative	2004	Memphis, TN Hospital Emergency Departments	$5 million - Federal $8.7 million - State $750,000 - Vanderbilt	Pilot data exchange program to begin 1st quarter, 2006	Strong governor support; involvement of leading academic medical institution; use of existing IT infrastructure; driven by State Medicaid program
Utah Health Information Network	1993	Patients statewide	$5 million - Federal $660,000 - State	Web infrastructure in production 2006, several pilots in 2006	Longstanding HIE; Successful history in exchanging claims-based health care data; existing governance infrastructure and recognized SDO; central hub

Forrester Research Identifies Great Promise, Significant Obstacles for RHIOs

- Two key tasks for RHIO 'operability'
  - »Able to move patient data between provider institutions
  - »Serve a broad cross-section of providers
- Few RHIO's currently meet Forrester's criteria
  - »Forrester identified 7 RHIOs that are operational
  - »Fewer than 20 RHIOs have begun deployment of technology
- Numerous obstacles remain
  - »A nationally interoperable system would cost $64 billion/yr for 10 years*, and few stakeholders are able to invest significantly
  - »Competing interests, investment ability among stakeholders
  - »No political mandate, limited federal involvement

*Based on estimates from the Annals of Internal Medicine, including $156 billion to build and $48 billion/yr to maintain the system